

**CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984**



DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4445

FAX: 630.477.4440

CIGARETTE/TOBACCO LICENSE APPLICATION

Important: this application must be fully and accurately completed.

☐ New ☐ Renewal

☐ \$50 Cigarettes (OTC) ☐ \$100 E-Cigarettes/Lounges ☐ \$250 Wholesale Distributor
☐ \$100 Tobacco/Nicotine Specialty Stores

Principle License Requested _____ Applicable From _____ To _____

Name of Business _____ Sales Tax # _____

D/B/A _____ Business Phone _____

Specific Type of Business _____

Applicant/Owner's Name _____ Contact Phone # _____

Driver's License # _____

Address _____ City/State/Zip _____

On Premise Manager's Name _____

Address _____ City/State/Zip _____

Any Additional License(s) Requested: ☐ Liquor ☐ Cigarettes (machine) ☐ Other _____

By signing this application, the applicant agrees to all the provisions of Chapter 9.24 of the City of St. Charles Municipal Code.

Applicant _____

Signature

Approved: _____

Denied: _____

by: _____

Chief of Police

For Office Use

Date Received _____ Fee Paid _____ Receipt No. _____ Permit No. _____